REQUEST FOR ORDER & GETTING STARTED WORKSHOP- Please print clearly:

SECTION A. Your Full Legal Name:							
Other Party's (other parent)	Full Legal Name:						
Your Mailing Address:			Apt/Spc:		City:	Zip:	
Your Phone Number: (_ Ca	ase Numbe	r, if any:			
Do you have an Ex Parte (Em- Do you have a restraining order						: ining order on you?	Yes / N
SECTION B.	FEE WA	AIVER REQU	<u> JEST:</u>				
Do you receive any public ass	istance (circle all that a	pply): Medi-c	al Food	Stamps	Cash Aid	Other:	
Are you working: YES / NO	If YES, what is	your job title:					
Employer:							
Address:							
If you don't get paid by the ho	our, what is your monthl	y income (bef	ore taxes):				
000							
SECTION C.	NEW DIVORC						
Date of marriage:			_	_			
1. Do you have assets/debts th	·			•	•	/ Separate	
2. Terminate (end) spousal sup	pport forever for (may c	ircle one or bo	oth): Yours	elf / Othe	r Party		
3. Requesting Spousal Suppor	t for yourself: YES / N	O					
4. Do you need to restore your	former last name: If Y	ES, to what: _					
SECTION D.	NEW PARA	NTAGE MA	TTERS (O	NLY):			
Does the child's last name ne	ed to be changed? YES	NO If YE	S, to what?	·			
Add Father's Name to Birth C	Certificate? YES / NO						
SECTION E.		CHILDREN	<u>[</u>				
1CHILD'S FULL NAME:	DATE OF RIPTU	AGE:	SEX:	City 8	z State Child	Was Porn In	
		AGE:	SEA:	City &	State Clind	was born in	
2CHILD'S FULL NAME:	DATE OF BIRTH:	AGE:	SEX:	City &	State Child V	Vas Born In	
3	D. TEL 05 272						
CHILD'S FULL NAME:		AGE:	SEX:	City &	State Child V	Vas Born In	
4CHILD'S FULL NAME:	DATE OF BIRTH:	AGE:	SEX:	City &	State Child V	Vas Born In	
5 CHILD'S FULL NAME:							
CHILD'S FILL NAME:	DATE OF BIRTH	AGE:	CEY.	City &	State Child V	Was Rorn In	

DO YOU NEED TO ESTABLISH OR CHANGE YOUR CURRENT CUSTODY AND/OR VISITATION COURT ORDERS? WHAT ORDERS DO YOU WANT THE COURT TO MAKE? $\underline{\text{CUSTODY}}$

			aking over issues Disciplining, etc.):	PHYSICAL of child and prov			t physically has the daily basis):				
(Circle One)	Mother	Father	Joint	(Circle One)	Mother	Father	Joint				
Joint physical	! (ONLY), do	you want to de	signate primary reside	nce? YES / NO If Y	ES, with who	[] Mother [] Father				
You	may choose a	a schedule for w	VISITATION (PA	RENTING TIME) I ekdays AND/OR writ							
1. Weel	kends (circle	the weekends y		st 2 nd 3 rd 4 th urting what dayd ding what day	and ti						
2. Weel	kdays: What	day(s)	from	what time	_ to what time	e					
3. Write	e-in a differe	nt visitation sch	edule:								
SECTION	ī G.		ADDRE	SSES							
List the (ES) for the <u>LAST 5 Y</u> al order: from the mos				under 5yrs. old).				
Child's <u>Curre</u>	ent Address:			City & State							
Name of Perso	on Child Live	es With:		Relationship	to Child:		_				
What Date Di		e into this addre	ss:								
Child's Prior	Address:			City & State:							
Name of Person Child Lived With:				Relationship to Child:							
What dates did the child live at this address:			to								
*****	*										
Child's Prior Address:				City & State:			_				
Name of Perso	on Child Live	ed With:		Relationship	to Child:		_				
What dates die	d the child liv	ve at this addres	s:	to							
*****	*										
Child's Prior	Address:			City & State:			_				
Name of Perso	on Child Live	ed With:		Relationship	to Child:		_				
What dates die	d the child liv	ve at this addres	s:	to							
	dren and the		lresses, attach a sepa different addresses (
I hereby auth	orize the Fa	mily Law Faci	litator/Self-Help staf	f to prepare my legal	documents	for the Court					
Date:											

Signature: